

15 May 2010

CPD

SALARY SURVEY

Compare your pay packet

Exclusive insight into rates, rises, bonuses and more 5-page special

**CPD
ZONE**

How to set up a drug monitoring service page 16

DIFFICULT PRESCRIPTIONS: TEST YOUR KNOWLEDGE page 21

Grab your share of the soaring topical analgesics market page 22

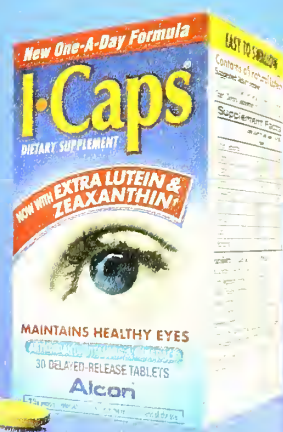
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PRESCRIBING INFORMATION **Fexofenadine Hydrochloride** **Telfast 120mg film-coated tablets**

Presentations:

The tablets are film-coated peach coloured tablets containing 120 mg fexofenadine hydrochloride, equivalent to 112 mg of fexofenadine.

Indications:

For relief of symptoms associated with seasonal allergic rhinitis.

Dosage & Administration:

For the treatment of seasonal allergic rhinitis in adults and children aged 12 years and over, the recommended dose of fexofenadine hydrochloride is 120 mg once daily before a meal. The efficacy and safety of fexofenadine hydrochloride has not been established in children under 6 years of age.

Contra-indications:

Known hypersensitivity to any of the product's ingredients.

Precautions:

Studies in adults have shown that it is not necessary to adjust the dose of fexofenadine hydrochloride in the elderly or in renally or hepatically impaired patients. However, fexofenadine should be administered with care in these special groups.

Side effects (Please refer to the Summary of Product Characteristics for full side-effect details):

In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse events were headache, drowsiness, nausea, dizziness, and sleep disorders or parosmia, such as nightmares. In rare

cases rash, hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnoea, and systemic anaphylaxis have also been reported.

Pregnancy & Lactation:

Fexofenadine is not recommended in pregnancy or for mothers breast-feeding their babies, due to absence of experience in this group of patients.

Legal Category: POM

Marketing Authorisation Number: PL 04425/0157

NHS Price: Pack of 30 Tablets: £ 6.23

Further information is available from Winthrop Pharmaceuticals, One Onslow Street, Guildford, Surrey, GU1 4YS.

Date of Revision of Prescribing Information: April 2009


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Adverse events should be reported and information about adverse event reporting can be found on www.yellowcard.gov.uk

Adverse events should also be reported to Winthrop Pharmaceutical UK Ltd as follows:- Email: uk-drugsafety@sanofi-aventis.com Tel. 01483 554242 Fax.: 01483 554806

For further information please visit our website www.winthrop-pharma.co.uk, freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS Fax number 01483 554831. Date of Preparation April 2009 STW 374

Group Editor

Gary Paragpuri MRPharmS
020 7921 8045

News Editor

Max Gosney 020 7921 8147

Features Editor

Jennifer Richardson 020 7921 8084

Digital Content Editor

Niall Hunt 020 7921 8185

Reporters

Zoe Smeaton 020 7921 8141

Chris Chapman 020 7921 8086

Hannah Flynn 020 7921 8194

Clinical & CPD Editor

Gavin Atkin 020 7921 8072

Production Editor

Harriet Kinloch 020 7921 8249

Deputy Production Editor

Fay Jones 020 7921 8236

Group Art Editor

Richard Coombs 020 7921 8240

Designers

David Farram 020 7921 8198

Jo Konopelko 020 7921 8196

Office Manager

Elaine Steele 020 7921 8110

(fax): 020 7921 8132

elaine.steele@ubm.com

Marketing Manager

Emily Miles 020 7921 8428

Commercial Director

Ruth McKay 020 7921 8456

Advertisement Managers

Daniel Spruytenburg 020 7921 8126

Deborah Heard 020 7921 8119

Senior Sales Executive

Andrew Walker 020 7921 8123

Online Support Operative

Jonathan Franklin 020 7921 8333

C+D Data

Devi Patel (Operations Manager)
020 7921 8235

Michael Pavey (Business Development
Manager) 020 7921 8422

Colin Simpson (Price List Controller)
020 7921 8667

Darren Larkin (Electronic Data
Controller) 020 7921 8294

Mira Inameti (Data Specialist)
020 7921 8115

Sandra Drawbridge (Input Clerk)
020 7921 8674

Projects Director

Patrick Grice MRPharmS
020 7921 8335

Training Development Managers

Sara Mudhar MRPharmS
020 7921 8414

Kinna McConochie MRPharmS
020 7921 8413

Training Sales Manager

Paul Thorp 020 7921 8426

Projects Administrator

Pauline Sanderson 020 7921 8425

Projects Admin Assistant

Lewis Swan 020 7921 8420

Production Controller

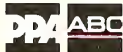
Christine Langford 020 7560 4133

Managing Director

Phil Johnson 020 7921 8106

Email

firstname.surname
@ubm.com



**‘PAY RISES AND
BONUSES ARE
WELCOME, BUT
TAKING ON NEW
CHALLENGES AND
DEVELOPING YOUR
CAREER ARE AS
HIGHLY VALUED’**

When we kicked off our Salary Survey earlier this year, we had feared the worst. The past year had seen a number of companies report a fall in profits, we'd seen an injection of emergency government funding, and a growing acceptance that pharmacy's core funding was not enough to provide a fair return on investment.

So it's something of a pleasant surprise to see that of the hundreds of employee pharmacists who took part in our Salary Survey, nearly two thirds got a pay rise and just under half were rewarded with a bonus (pages 4, 5, 26 and 27).

In what is the toughest financial period that the country has endured in recent history, the pay rises seen in the Salary Survey represent a beacon of hope as the sector endures soaring workloads, cuts in staff hours and the threat of redundancies.

But as a consequence of the economic climate, businesses have become obsessed with hitting targets. If you're going to survive the current recession, then you need to deliver on the basics, and targets are an effective way of measuring performance. However, the knock-on effects on staff at the coalface and the patients

they serve can't be discounted.

A paper examining the value of community pharmacy in this week's BMJ is a case in point (p8). Whether you agree or not with its view that professional autonomy is constrained as the sector becomes more corporate doesn't matter. The paper's conclusions will be picked up by the medical and nursing press and perhaps just as importantly by commissioners, and the damage will be difficult to undo.

And so in the current climate, difficult as it is, all businesses must find a way to invest in the ongoing development of their staff. Pay rises and performance-related bonuses are welcome, but the chance to take on new challenges and to develop your career are just as highly valued by people. And they bring benefits to staff, businesses and patients.

As a sector, community pharmacy is caught in a whirlwind of change. From governance to continuing education, every facet of practice is under scrutiny and, if the sector is to avoid further accusations of commercial bias, it's imperative that pharmacists and their staff are given support and development opportunities as well as cash rewards.

Gary Paragpuri, Editor

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Employees see modest pay rises

Two thirds receive an average salary increase of 2 per cent

Zoe Smeaton
zoe.smeaton@ubm.com

Most employed pharmacists have received modest pay rises in the last year, with the average salary rising by around 2 per cent, the C+D and PDA Union Salary Survey 2010 has found.

The survey of more than 2,000 C+D readers found the average salary for full-time employed pharmacists was £42,806 in 2009.

Almost two thirds of employed pharmacists said they had received a pay rise, although three quarters of those reported that the rise had only been 1 or 2 per cent.

Pay varied by company type, with independents reportedly paying on average £47,436 per year and multiples with more than 500 branches paying just £41,215. However, only 54 per cent of pharmacists working for independents said they had received a pay rise, while 70 per cent of those at larger companies had done so.

Independent groups Numark and

Avicenna welcomed the findings, and pointed to other benefits to working for independent pharmacies. Mimi Lau, Numark's director of professional and training services, said working for an independent might give the opportunity to work across a wider variety of roles than at a multiple. "Independent community pharmacy offers many qualified staff the best possible career choice, giving flexibility and job satisfaction that is not available elsewhere," she added.

Janet McNally, head of HR at the Co-operative Pharmacy, said there could be additional benefits to working at multiples, such as discounts on all company products and pensions schemes.

Pay packages also varied by multiple, with just 59 per cent of Boots pharmacists in the survey reporting a pay rise, but 80 per cent of Lloyds pharmacists having one. The Co-operative Pharmacy apparently offered the best salaries, with survey respondents averaging £45,000.

FULL-TIME SALARIES*

Scotland £41,375
Northern Ireland £35,000
Wales £40,000
Midlands £42,381
London £43,286

*Average for employed pharmacists working 31-50 hours per week

Locum rates also up

Locum rates have increased across the country despite the economic situation, the Salary Survey suggests.

The average locum rate in Great Britain was around £23.40 per hour, up from just £23 last year.

Locums in north east England came off best for the second year running, claiming the highest average rate at £24.41 per hour.

However, it was bad news for

locums in the Midlands, as average rates were down for the second consecutive year, at £23.32 per hour.

Locums in Northern Ireland also reported low rates, with all five respondents reporting average rate below £20 per hour. Other Northern Ireland contractors confirmed typical locum rates were around £150 per day. **CC**

Rise in bonus payouts defies funding shortfall

Pharmacists enjoyed a rise in bonus payouts in 2009, despite employers suffering a shortfall in core contract funding, the C+D and PDA Union Salary Survey has revealed.

Forty six per cent of employee pharmacists picked up a bonus last year – a 6 per cent rise on 2008, figures showed.

The average payout totalled £1,253, with 40 per cent of employee pharmacists earning between £1,000 and £4,000.

Top sums of £4,000 or more went

to around 10 per cent of staff, figures revealed. And the average bonus was around 3 per cent, which was in line with those given to other retail workers.

The payouts came despite national multiples having warned of a £300 million deficit in pharmacy funding.

Employers had looked to offset the shortfall by freezing company-wide pay rises rather than cut bonuses, explained Martin Crisp, Superdrug superintendent

pharmacist. He said: "If employees delivered performance targets then we felt it was only right to reward that performance. However, it was a challenging period and the whole business had a pay freeze."

Superdrug employees had to meet targets based on growing prescription volume and delivering services to qualify, he said, and the multiple paid out sums ranging from 4 to 20 per cent of staff salary.

Boots also said employees could qualify for discretionary bonuses of

up to 40 per cent based on levels of customer care. A spokesperson added that the majority of pharmacists had earned bonuses.

Smaller independents echoed the trend of rising bonus payouts, but some pharmacy operators said payouts were curtailed by ongoing financial difficulties.

Janet McNally, Co-operative Pharmacy head of HR, said: "We paid out less bonuses in 2009 than 2008. This was due to the decline in the market." **MG**

Salary bites

The blame game

For employee pharmacists unhappy with their salaries there is a clear culprit – 72 per cent said they held their employers responsible. Locums couldn't decide between the options, with 49 per cent agreeing employers were responsible, 43 per cent the



Department of Health and 32 per cent PSNC. The department bore the brunt of the blame from contractors, too, with almost 80 per cent agreeing they should shoulder some responsibility, but only 56 per cent pointing the finger at PSNC.

Selling up

It hasn't been the easiest of years for some pharmacy businesses, with the survey suggesting a third of contractors are planning to sell up. Bureaucracy, red tape and increased paperwork was the main problem, with 80 per cent



citing it as a factor in their wanting to quit the business.

Irish blues

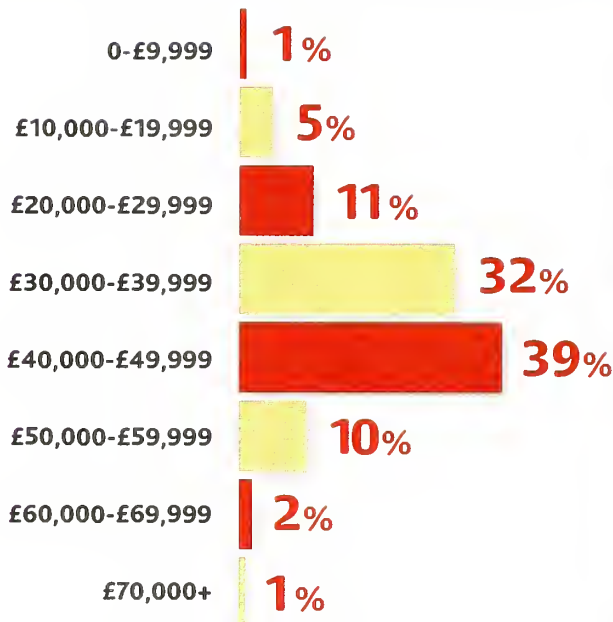
It wasn't the best year for pharmacies in Ireland, according to the Salary Survey. Respondents from Northern Ireland averaged the lowest locum rates, with not one



AVERAGE HOURLY LOCUM RATES

Scotland **£22.40**
Wales **£23.25**
Northern Ireland **<£20**
London **£22.23**
Midlands **£23.32**

EMPLOYED PHARMACIST PAY LEVELS IN 2009



Salary talk

"Working in a pharmacy is like being on a hamster's wheel. A lot of time and energy is spent going nowhere and you are glad when you get off."

Pharmacy contractor

"I think pharmacists should be earning at least £60,000, just like dentists do. We work longer hours, weekends, late shifts, on calls – unlike them – and spend just as long to become qualified."

Employee pharmacist

"I think I should be paid about 50 per cent more than I am."

Locum pharmacist

"Not getting any salary increase means that my colleagues and I all became poorer in 2009, our salaries not even keeping pace with inflation!"

Employee pharmacist

Have your say

Join C+D's discussion on salaries on LinkedIn – a private online network where like-minded groups of professionals can share their ideas and discuss issues that affect them. To take part in our discussion:

1. Go to www.linkedin.com and create a profile
2. Search for the Chemist and Druggist group
3. Request to join
4. Either join a discussion already in progress or start your own

Where in the UK are you most likely to get a pay rise?

See p26 and more next week

Pharmacists dissatisfied with salary

Only half of employed pharmacists are satisfied with their salaries, the C+D and PDA Union Salary Survey has found, about the same proportion as last year.

The research showed seven in 10 of those who were dissatisfied blamed their employers.

The size of pharmacists' pay had a significant effect on their satisfaction levels, with no pharmacists on an income over £60,000 reporting dissatisfaction with their earnings.

In contrast, almost two in five pharmacists with the most common range of £40,000 to £49,000 reported dissatisfaction with their salary.

Nearly three quarters of employed pharmacists who completed the survey believed they should earn between 10 and 20 per cent more.

Pay satisfaction was higher for

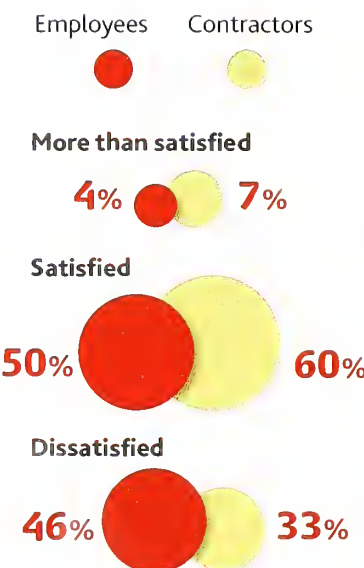
contractors than for employee pharmacists, with 60 per cent of contractors satisfied with their pay, though of those dissatisfied, three quarters blamed the Department of Health for not providing sufficient funding for pharmacy.

Locum pharmacists were split, with equal proportions satisfied and dissatisfied with their hourly rates.

Overtime also had a negative effect on employed pharmacists' level of pay satisfaction. While more than half of those who did no unpaid overtime reported being satisfied or more than satisfied with their pay, over three quarters of employees doing 10 to 15 hours unpaid overtime a week were dissatisfied.

Londoners were the most unhappy with their pay, with nearly seven in 10 saying they were dissatisfied. **HF**

PHARMACIST SATISFACTION WITH PAY LEVELS



www.chemistanddruggist.co.uk/salarysurvey

The survey in percentages

11%
More earned by full-time working men than women

28%
Locums receiving a pay rise last year

33%
Contractors forced to cut their own pay in the last year

reporting an hourly rate of £20 or more, despite the GB average being £23.40. And full-time employed pharmacists in the region earned on average just £35,000 – well below the overall figure of £42,806.

In brief

Application opposition

Applications for new pharmacies are continuing to draw heavy opposition from dispensing doctors and residents in some areas of Scotland. Campaigns are being led by resident committees in Coldingham and Newcastleton to oppose new applications threatening GP dispensing services.

NPA rules warning

The NPA has raised concerns over rules proposed by the future regulator. Director of pharmacy Nanette Kerr warned some of the General Pharmaceutical Council's (GPhC) draft rules were "unlikely" to be either fair or proportionate.

Numark repeats service

A service enabling independent pharmacies to attract and retain repeat prescription business has been launched by Numark. The Repeat My Medicines service is the first in a series of measures designed to protect members ahead of release 2 of the electronic prescription service, the group said.

www.chemistanddruggist.co.uk

Business conference

Law firm Charles Russell's pharmacy team is to host a free conference in Manchester to help people understand legal and regulatory issues such as the roles of superintendents and responsible pharmacists, and control of entry. Contact stephanie.palmer@charlesrussell.co.uk

Script cost analysis

The 2009 Prescription Cost Analysis, which provides details of the number of items and the net ingredient cost of community prescriptions dispensed in England, is available from the Information Centre for Health and Social Care.

House of Commons a 'black hole' for pharmacy

Key champions of the sector lose their seats in general election

Chris Chapman

chris.chapman@ubm.com

The House of Commons has become a "black hole" in terms of pharmacy representation following the general election, pharmacist and former MP Sandra Gidley has warned.

Ms Gidley, who had been the only pharmacist in the house, lost her Romsey and Southampton North seat last week to Conservative Caroline Nokes after a 4.5 per cent swing to the Tories.

Speaking exclusively to C+D, Ms Gidley said pharmacy had lost many other champions in the house, including APPG chairman Howard Stoate, who did not seek re-election.

She said: "I think there's a black hole waiting to be filled, and there's no obvious champion [for pharmacy]."

Another high-profile MP claimed by the election was former pharmacy minister Mike O'Brien, who lost his tussle for North Warwickshire to Tory candidate Dan Byles by just 54 votes. Conservative health spokesperson Andrew Lansley and shadow pharmacy minister Mark Simmonds were re-elected, as was Liberal Democrat health spokesman Norman Lamb. Mr Lansley was confirmed as health secretary as C+D went to press.



Sandra Gidley: will take time to decide her future, but may return to pharmacy

All Department of Health ministers except former secretary of state Andy Burnham lost their seats, with Phil Hope, Gillian Merron and Ann Keen joining Mr O'Brien in departing Westminster.

Ms Gidley's seat had been a target for David Cameron's party, after she was re-elected with a majority of only 0.2 per cent in the 2005 election. She said she would now be

taking some time to decide her future, adding that she hadn't ruled out a return to pharmacy practice.

Do independent pharmacies need virtual chains to survive?

See analysis p10

Boots takes action over own brand in Poundland

Boots has been forced to take action over its procedures for dealing with excess stock after the multiple's own brand products ended up on Poundland shelves.

The alert was raised when shoppers on an online consumer forum reported cosmetics bought from Poundland had Boots labels hidden under the packaging.

Boots said it occasionally had excess stock produced for its international business, which it sold on for sale overseas where it did not have stores rather than disposing of it through landfill or incineration.

Poundland said the products had come through a supplier that works with Boots to sell on excess stock but usually removes the original

labels. A mistake had occurred and the retailer was working to rectify the situation, a spokesperson added.

Boots confirmed excess own brand stock had been diverted to UK retailers and sold without its permission. "We have now taken steps to ensure that the stock is no longer available through this route," a spokesperson added. CC

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GOT CRIMINALS?
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Curanail 5% Nail Lacquer Essential Product Information. Presentation: Curanail 5% Nail Lacquer contains 5% w/v amorolfine. **Indications:** Mild distal and lateral subungual Onychomycoses caused by dermatophytes, yeasts and moulds limited to up to 2 nails. **Dosage and Administration:** Adults Only – Apply to the affected finger or toe nails once weekly (see summary of product characteristics for full technique). Treatment duration depends on intensity and localisation of infection. Generally, six months (finger nails) and nine to twelve months (toe nails). Not recommended for use in patients under the age of 18. **Contra-Indications:** Hypersensitivity. No experience

in pregnancy and lactation, it should therefore be avoided. **Precautions and Warnings:** Avoid contact with eyes, ears and mucous membranes. Patients with predisposing conditions such as peripheral circulatory disorders, diabetes mellitus and immunosuppression should be referred to a doctor. Patients with nail dystrophy and destroyed nail plate should also be referred to a doctor. **Side Effects:** Adverse drug reactions are rare. Nail disorders (e.g. nail discoloration, broken nails, brittle nails) may occur. These reactions can also be linked to the onychomycosis itself. Rare ($\geq 1/10000$, $\leq 1/1000$) adverse drug reactions include: nail disorder, nail

discoloration, onychoclasis. Very rare ($\leq 1/10000$) adverse drug reactions include skin burning sensation, contact dermatitis. **Interactions:** No specific studies involving concomitant treatment with other topical medicines. Avoid nail varnish or artificial nails. **Packaging Quantity and Cost:** Pack containing 3ml nail lacquer and reusable applicators. 3ml (R) £18.99. **MA number:** PL 10590/0049. **Legal Category:** P. **Full prescribing information is available from:** Galderma (UK) Limited, Meriden House, 69–71 Clarendon Road, Watford, Hertfordshire, WD17 1DS (United Kingdom). Tel: +44 (0) 1923 208 950 Fax: +44 (0) 1923 208 999. **Date of Revision:** March 2010



Dispensary talk

Would a government-held list of drugs in short supply ease stock shortages?

"No. A list won't make any difference because a list won't look at what is causing the shortages.

We need to ask what the reasons are for the problems."

Aina Osunkunle, K & A Pharmacy, Gateshead



"Unless they are going to do something about it then it is no use. The list won't solve the problem –

it will just let us know what the shortages are."

Cath Boury, Newland Community Pharmacy, Hull

Web verdict

Yes 24%

No 76%

Armchair view: Pharmacists are clearly not convinced by the idea of a government-held stock shortages list, with less than a quarter saying they thought it would help ease the situation.

Next week's question: Do commercial interests ever affect pharmacists' professional judgement? Vote at www.chemistanddruggist.co.uk

'Biased' BMJ paper queries professionalism

'Skewed' report says commercial interests may affect patient care

Chris Chapman
chris.chapman@ubm.com

Pharmacists' role in public health is in danger of being undermined by commercial interests competing with professional priorities, a British Medical Journal paper has claimed.

Professor Allyson Pollock of the University of Edinburgh said the "dominance of large corporate providers" in the community pharmacy sector could affect service provision and quality of care.

But PSNC head of NHS services Alastair Buxton slammed the paper as "anti-pharmacy", calling it "skewed and speculative" and "founded more on entrenched bias than rigorous academic analysis".

In the article, professor Pollock warned: "Corporations have obligations to shareholders that can conflict with public health priorities."

She added: "As the sector becomes more corporate, some are concerned that professional autonomy may be constrained, and that pharmacists may become deskilled and lose their professional status."

The analysis said evidence for



Alastair Buxton: the BMJ paper is "anti-pharmacy"

pharmacists providing services such as screening and minor ailments was "limited". It concluded that absence of research into the changes in the pharmacy market meant: "The effectiveness, equity, efficiency, value for money, and above all the implications for access, safety and quality of patient care are not known."

In response, Mr Buxton said: "It is rather disingenuous to ignore GPs' financial incentives, then in the same breath rail against shadowy corporate influences guiding 'private, for-profit community pharmacies'."

The paper's conclusions were also refuted by RPSGB head of corporate communications Neal Patel, who said patient wellbeing was the "overriding imperative for all pharmacists". "The decisions pharmacists make around services are driven by the needs and wants of patients," Mr Patel said.

Clinical debate

In a new series, C+D's Chris Chapman looks at the evidence behind the headlines

Smoking bans have no effect? Do the maths

During the election, the then health secretary Andy Burnham outlined Labour's policy on smoking. New smokers should be the focus, he said, not "limiting the freedoms" of people who choose to smoke. Does he have a point? I'm not so sure.

So far, the biggest limit to freedom for smokers has been the ban on smoking in enclosed public spaces, introduced UK-wide on July 1, 2007. Government data says the ban had no significant effect on the number of people smoking, and a Cochrane review of 50 studies looking at smoking bans around the world found limited evidence of a decrease in smokers after bans were introduced. However, the review found consistent evidence of a

reduction in hospital admissions for cardiac events, and a clear reduction in passive smoking. This alone suggests bans work.

Then there's the question of whether smoking is a choice. According to the government, two thirds of smokers want to give up, 75 per cent having tried previously. Yet between April and September 2009, only around 330,000 – at a very rough count about 4 per cent of English smokers – tried to give up through smoking cessation services in England. Of these, almost 157,000 succeeded, 24,500 through pharmacy NHS services.

Those good at maths can see just under 0.3 per cent of all smokers stopped because of a pharmacist.

A tiny fraction? Yes. But this amount could, at a rough count, save the NHS about £15.6 million and prevent around 1,300 hospital admissions and 250 deaths a year.

And remember: this doesn't even scratch the surface when you think of the countless smokers pharmacists have helped to quit through NRT.

Few would argue with Mr Burnham that stopping new smokers is a vital aspect of policy. But with such a small slither of those wanting to quit getting the help they need, the importance of focusing on the increased availability of smoking cessation services cannot be ignored. It's not about limiting freedoms, it's about saving lives.

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Friday April 30, 2010

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¹IRI Infocan, all outlets, Jan'10 unit sales



Virtual chains: crucial to survival?

With a new virtual chain preparing for rollout, the concept is taking the independent sector by storm. **Hannah Flynn** asks if pharmacies can still go it alone without them

Virtual chains are "really, really important" to help independent pharmacies survive, according to PSNC chief executive Sue Sharpe, speaking at Avicenna's recent conference. The sector has also been quick to back the idea, with pharmacists continuing to cite the benefits of joining organisations such as Numark and Alphega. And the trend looks set to continue as Avicenna prepares to roll out its ACE Plus virtual chain service in July.

So just what is all the fuss about?

The services provided by virtual chains essentially build on traditional pharmacy buying groups, which were set up to enable independent contractors to bulk-buy from suppliers at discounted rates. Virtual chains are now retaining this vital service but providing additional support, with everything from SOPs to organising refuse collection.

Avicenna CEO Salim Jetha says its planned ACE Plus service will cut down on paperwork by providing head office-style support for its members. Such head office functions can also help employees, who may benefit from training programmes or HR facilities offered by the chains.

Tony Mottram, managing director of Numark, says the group offers everything from help getting ready for electronic prescriptions to managing repeat prescriptions and safeguarding core business.

He says independents will need this sort of support moving forwards as the sector continues to face challenges. "Profitability will now come from services not dispensing, so independents need new tools to respond," he says.

Rajni Hindocha, managing director of CamRx – a virtual chain that launched in 2001 – agrees the purely commercial deals offered by buying groups are being left behind as pharmacy businesses start to depend



"Independents need to come together or run the risk of losing out"

TONY MOTTRAM, NUMARK
MANAGING DIRECTOR

more on income from services.

But others are not so certain that independents need the extra help provided by chains. One of the criticisms levelled at virtual chains is that they are an expensive alternative to services that are already available to independent pharmacists. Cambrian Alliance, a UK buying group, says: "[Our service] includes signposting to high quality and readily accessible services provided by other organisations such as the NPA when required, rather than duplicating costs and providing them directly."

Mr Mottram argues that the costs are worth it for Numark members. He says if they take the time to understand how to get the most from their membership and commit

to the offering, for a £100 monthly fee a pharmacy could earn on average £16,000 of income over a year.

Virtual chains are also under attack, though, for failing to promote variety within the independent pharmacy sector. Mark Griffiths, chairman of Cambrian Alliance, says: "We believe that in promoting our members' individual brands rather than that of a virtual chain, we are helping members grow and develop their own unique businesses... we strongly believe in preserving a strong independent sector, which we feel at the present time can only be achieved by promoting the individuality of the pharmacist."

Even Avicenna agrees to some extent, as Mr Jetha suggests that its own virtual chain model will not suit all members. But the debate continues, as other virtual chains believe bringing independents together is vital to secure their futures as the sector continues to change. Mr Mottram points to the commissioning of local services as an example of the need for chains. "Independents need to come together or run the risk of losing out to multiples when it comes to commissioned services," he says.

Members of virtual chains also speak highly of them and as NHS purse strings continue to tighten on the sector, it's not difficult to imagine that independents are going to need support from somewhere. Shamir Patel, a Numark member, thinks it will be possible to survive without virtual chains, but he warns profits are likely to suffer. And that might not be an option for those already struggling.

So as times continue to change and Avicenna's ACE Plus is rolled out into the market, all eyes in the independent sector are likely to be on the virtual chains to see just how crucial they are going to become.

How virtual chains could support you and your staff

STAFF DEVELOPMENT

"Delivering against the service agenda is vital if independents are to survive going forwards. I want Numark to support our independent pharmacists to develop their staff to fulfil their role requirements."

Tony Mottram, managing director, Numark

HEAD OFFICE BENEFITS

"You get a retail head office so you don't have to reinvent the wheel for everything and you feel like you're part of a big company without having to do all the work. You can survive [without belonging to a virtual chain], but you can't be as profitable."

Shamir Patel, North Meols Pharmacy group, Lancashire

HR AND TRAINING

"The things that are standard for large multiples are made possible for me. Rather than having to research and develop services and training, that is all provided for me centrally. That includes HR management as well as people development procedures and recruitment. I think it helps to give me an edge."

Neil Carter, Estuary View Pharmacy, Whitstable

Do virtual chains get your backing?

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When hayfever strikes, Nasacort sticks

Nasacort's thixotropic¹, once-a-day formulation means that it stays where it's sprayed for maximum effect against hayfever symptoms – and with no strong odour or taste, patients prefer it over Beconase® and Flixonase®^{2,3}. Give them Nasacort and help avoid problems whenever hayfever's around. For more information about Nasacort Allergy, and copies of training materials and point-of-sale items, please contact your local Laser Healthcare Pharmacy Business Manager or call 01202 780558.

NASACORT ALLERGY NASAL SPRAY (TRIAMCINOLONE ACETONIDE) PRESCRIBING INFORMATION

Presentation: 20 ml bottle, providing 30 actuations containing 55mcg triamcinolone acetonide per metered dose. **Indications:** Treatment of the symptoms of seasonal allergic rhinitis. **Dosage and Administration:** Patients aged 18 years and over: The recommended dose is 220 micrograms as 2 sprays in each nostril once daily. Once symptoms are controlled patients can be maintained on 110 micrograms (1 spray in each nostril once daily). The minimum effective dose should be used to ensure continued control of symptoms. Medical advice should be sought if symptoms worsen or persist after 14 days treatment. **Contraindications:** Hypersensitivity to the active substance or excipients, infection in the nose. **Precautions and Warnings:** If adrenal function may be impaired, take care when transferring patients from systemic steroids. Localised infections of the nose and pharynx with *Candida albicans* has rarely occurred. Following recent nasal surgery or recent prolonged nose bleeds or any other nasal problems patients should consult their doctor before use. Treatment with high doses may cause adrenal suppression. Not recommended under 18 years. Not to be used for longer than 3 months without consulting a doctor. **Interactions:** No interactions known. **Pregnancy and Lactation:** Should not be administered during pregnancy or lactation unless therapeutic benefits outweigh the potential risk to the foetus/baby. **Adverse Reactions:** The most commonly reported adverse reactions are rhinitis, headache and pharyngitis. **Respiratory disorders:** epistaxis, nasal irritation, dry mucous membrane, naso-sinus congestion and sneezing; rarely, nasal septal perforations. In clinical trials these adverse reactions with the exception of epistaxis, were reported at approximately the same or lower incidence as placebo treated patients. Skin or subcutaneous disorders: rarely allergic reactions

including rash, urticaria, pruritus and facial oedema. Systemic effects of nasal corticosteroids may occur, particularly when prescribed at high doses for prolonged periods. **Retail Price:** 30 metered dose bottle: £4.95. **Legal Category:** P. **Marketing Authorisation Number:** PL 04425/0605. Refer to Summary of Product Characteristics for full prescribing information. Further information is available from the Marketing Authorisation Holder: Medical Information Department, sanofi-aventis, One Onslow Street, Guildford, GU1 4YS. Tel. 01483 505515. **Date of Revision of Prescribing Information:** April 2010.

Information about adverse event reporting can be found on www.yellowcard.gov.uk. Adverse events should also be reported to the sanofi-aventis drug safety department on 01483 505515.

References: 1. Nasacort Summary of Product Characteristics, October 2008. 2. Lumry W et al. A comparison of once-daily triamcinolone acetonide aqueous and twice-daily beclomethasone dipropionate aqueous nasal sprays in the treatment of seasonal allergic rhinitis. *Allergy Asthma Proc* 2003;24(3):203-10. 3. Stokes M et al. Evaluation of patients' preferences for triamcinolone acetonide aqueous, fluticasone propionate, and mometasone furoate nasal sprays in patients with allergic rhinitis. *Otolaryngol Head Neck Surg* 2004; 131(3):225-231.

PIP code 342-5501.

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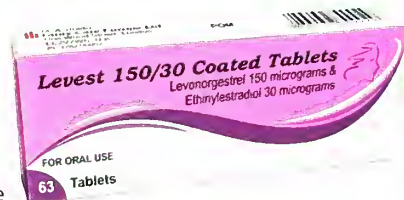
because health matters

Morningside Healthcare launches combined oral contraceptive pill

A new combined oral contraceptive, Levest, is now available through community pharmacy.

The pill, which contains levonorgestrel 150mcg and ethinylestradiol 30mcg, is available from all mainline wholesalers.

Manufacturer Morningside Healthcare is targeting a marketing campaign at healthcare



professionals, and resources for PCTs and pharmacists are available from the Levest website. The contraceptive has already

been listed by multiples including Lloydspharmacy and Boots, the manufacturer says, and is the preferred drug of its type for hospitals in England, it adds.

Price: £2.55/63; £0.85/21
Pip code: 353-6232; 353-6224
Morningside Healthcare
Tel: 0116 204 5950
www.levest.com

£1 million support for Aquafresh promotion

GSK Consumer Healthcare is supporting Aquafresh with a £1 million marketing campaign, following the launch of a pack offer for customers.

The national press, radio and digital campaign will run from mid-May to the end of June, with the press ads promoting the on-pack promotion. The toothpaste pack offer gives customers the chance to win prizes worth from £250 to



£2,000 in a £1 million 'Win Mum's Wish List' promotion.

It will be available across seven Aquafresh toothpastes, including Aquafresh Fresh & Minty and Aquafresh Extreme Clean Whitening. Available from this month, the

promotional packs will be on shelves for at least three months, and customers can enter at a website dedicated to the promotion (www.aquafresh.co.uk/amazingmums) until April 2011.

Price: from £1.05
Pip codes: See C+D Monthly Price List or visit www.cddata.co.uk
GSK Consumer Healthcare
0845 762 6637
www.myparmassist.co.uk

Retail talk

Do you expect own label alternatives to hayfever brands to be more popular than last year?

Yes 79%

No 21%

Off the shelf view:

It appears the credit crunch mentality will last long into 2010. Pharmacists are reporting that customers are more aware of generic brands, and that staff are increasingly being asked about cheaper alternatives to branded medicines. Allergy relief is no exception, according to our poll. **This week's question:** Do national awareness campaigns (such as National Smile Month, starting this week) boost associated retail sales in your pharmacy? Vote at www.chemistanddruggist.co.uk/prodnews

Fresh face to launch three brands in UK

US-based company Dr Fresh is to launch three brands in the UK this summer.

The manufacturer will launch Firefly – a children's toothbrush brand with patented light-up technology – in August, to coincide with the back-to-school season.

And a breath freshening spray range, Binaca, will be introduced in July. The range will be supported by a Kisser of the Year promotional competition on MTV and in Cosmopolitan magazine.

Dr Fresh will also launch moisturising hand sanitiser Infectiguard in July, which will be "very active at point of sale", with on-shelf promotions and clip-strip display options.

All three brands will be promoted through consumer poster and trade press advertising, and season-specific support.

The products will be distributed in the UK by Grosvenor Consumer Products, which Dr Fresh acquired at the end of last year to establish a new European head office.

Grosvenor Consumer Products
Tel: 01628 665800
www.grosvenor.eu.com

Vitabiotics' TV sponsorship

Vitabiotics has agreed a 12-month deal with Channel 4's Countdown.

From May 17, the supplements company will become the official sponsor of the TV show for an undisclosed six-figure sum.

Vitabiotics' credits will appear before, during and after the programme, featuring the company's best selling brands in rotation throughout the year.

Prices: from £0.99
Pip codes: See C+D Monthly Price List or www.cddata.co.uk
Vitabiotics
Tel: 0208 955 2600

Check out what's on TV this week

www.chemistanddruggist.co.uk/prodnews

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Essential Information for Nurofen 200 mg Tablets

Name and Active: Nurofen 200 mg Tablets contain 200mg ibuprofen

Indications: For the symptomatic relief of mild to moderate pain, such as headache, backache, period pain, dental pain, neuralgia, rheumatic and muscular pain, migraine, cold and flu symptoms, sore throat and fever and pain of non-serious arthritic conditions

Dosage and Administration: Adults, the elderly and children over 12 years. Take 1 or 2 caplets taken with water, up to three times a day as required. Do not exceed 6 caplets in any 24 hours. Leave at least 4 hours between doses. Not for use by children under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, consult a doctor

Contraindications: Known hypersensitivity to ibuprofen or other ingredients. History of bronchospasm, asthma, rhinitis, or urticaria, associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding, including that associated with NSAIDs. Severe hepatic failure, severe renal failure or severe heart failure. Concomitant NSAIDs, including COX-2 inhibitors. Last trimester of pregnancy

Special warnings and precautions for use: SLE and mixed connective tissue disease. Gastrointestinal disorders and chronic inflammatory intestinal disease. Hypertension and/or cardiac impairment. Renal impairment. Hepatic dysfunction. Bronchial asthma or allergic disease. GI bleeding, ulceration or perforation, which can be fatal has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of GI

bleeding. Caution with other concurrent medications, which could increase the risk of gastrotoxicity or bleeding. Avoid concurrent use of anticoagulants such as warfarin or anti-platelet agents and aspirin. Withdraw treatment if GI bleeding or ulceration occurs. Possible reversible effects on fertility. Avoid use during the first 6 months of pregnancy if possible

Side effects: Hypersensitivity reactions including: (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity e.g. asthma, aggravated asthma, bronchospasm, dyspnoea, (c) vasculitic reactions e.g. pruritus, urticaria, angiodema and more rarely exfoliative and bullous dermatoses including epidermal necrolysis and erythema multiforme. Gastrointestinal disorders including peptic ulcer, perforation or GI haemorrhage, headache, acute renal failure, liver disorders, haematopoietic disorders including anaemia

MRRP (Excl. VAT): £ 3.98 (24 tablets) £ 5.49 (48 tablets) £ 9.06 (96 tablets)

Legal category: P

Product Licence Number: PL 00427/0147

Licence Holder: Crookes Healthcare Limited, Nottingham NG4 2AN

Date of Revision: April 2010

References: 1. Pearce L, et al. Practitioner. 1983;227(1377):465-7. 2. Schachet BP, et al. Journal of Clinical Pharmacology. 1996;36(12):1120-5. 3. Data on file, Bockitt Branding

Always read the label. Nurofen 200mg tablets contain ibuprofen



Time to put a stop to the farce of shortages

If you wonder why I write under a pseudonym and if I'm involved in international crime such as cross-border smuggling you're not alone, because last week Barclays froze our bank account "pending international legal action" and told us no one in the UK had high enough clearance to address the problem!

Of course that's nothing new I hear you cry – the fallout from the current supply chain mess has already led to mutterings that pharmacists are responsible for transporting drugs abroad for profit. But it seems no one in the UK can resolve this issue either, and I'm beginning to question how much longer this farce will continue.

I was just thinking that someone must be held accountable, and how we fruitlessly demand "heads must roll!", when low-and-behold the Labour pharmacy minister Mike O'Brien is out of a job! The worst stock shortages in memory have occurred on his watch, so if the 54 voters that lost him his seat were pharmacists, that's democracy in action.

To be fair, he had acknowledged the problem and was trying to address it and, by all accounts, the man was a good and effective MP – the worst expense claim The Telegraph could find was £17 for a carbon monoxide detector. And at least he had experience of pharmacy. Having also lost MP and pharmacist Sandra Gidley, it seems our parliamentary voice has been much diminished.

But that's missing the supply point. While we

can hope the latest Scottish legislation will prove effective, I have my doubts, because I know I'm making less money out of this mess, so someone must be making more, and all talk of shortages is a smokescreen to cover the real issue, which is about gaining greater control of the supply chain and the associated financial rewards.

When the restricted wholesale deals were introduced, the talk was about how they would help address the issue of counterfeit drugs. A stampede of manufacturers have followed suit and now exert an iron grip on the supply chain. The news pages have regularly highlighted the problems of pharmacists obtaining stock and the shortages that exist – but I'm not convinced this is entirely correct because, whenever I jump through the pointless time-consuming hoops of faxing anonymised scripts to a permanently engaged number, I always get supplied.

The administrative burden we face is ludicrous and the pain this is causing everyone in the supply chain from pharma, wholesaler, pharmacy and patient is not doing anyone any favours. This has to stop.

Perhaps we could learn from the politicians and present a united pharmacy coalition – from national chains to essential pharmacies – that says enough is enough. If Barclays can acknowledge that its mistake threatened my business, and politicians can work together, maybe pigs can fly a third time and this supply issue will get sorted.



"I KNOW I'M MAKING LESS MONEY OUT OF THIS MESS, SO SOMEONE MUST BE MAKING MORE"

When is a bribe not a bribe?

Pharmacists often worry that their competitors receive favourable treatment from a PCT or are tipped off about GP moves or pharmacy applications.

Don't get me wrong: I'm sure the vast majority of PCT officials act honestly and impartially; and the same goes for pharmacy owners and would-be pharmacy owners.

However, PCTs are being given more and more responsibility, including devolution of remuneration and greater control over the grant of NHS contracts. Ever greater sums of money are involved. It is important for pharmacies to try to build relationships with PCTs. Some pharmacy businesses even share employees with PCTs. It is essential, therefore, that certain boundaries are not crossed.

The Bribery Act 2010 received royal assent last month. When it comes into force, it will be a criminal

offence to offer or give a reward, or to request or accept a reward for not performing a public function in an impartial way. It will also be an offence if any commercial organisation fails to prevent bribery unless the business has in place adequate procedures to prevent such conduct. Senior officers of companies can be prosecuted if they consent to or encourage bribery.

Ironically, just weeks after the Bribery Act was passed, the European Court of Justice has ruled that it is legal for PCTs to bribe GPs to prescribe cheaper branded medicines than the branded products they would otherwise prescribe.

The Bribery Act isn't the only way the law has tightened up for businesses in recent years. The Sentencing Guidelines Council has just published guidance on the sentences that might be expected for the new offence of corporate

manslaughter. Cases could involve dispensing errors caused by culpable negligence (not simple picking errors but something systemic).

Aggravating factors that would impact on the level of fine include cost-cutting at the expense of safety, and failure to heed warnings or advice. Mitigating features include prompt acceptance of responsibility, a high level of co-operation with investigators, genuine efforts to remedy the defect, and a good health and safety record.

The guidelines say that because corporate manslaughter involves a gross breach of duty at a senior level, the appropriate fine will seldom be less than £500,000 and may be measured in millions of pounds. If that doesn't make pharmacy owners sit up and take a good look at their systems, I doubt if anything will.

David Reissner is a partner at Charles Russell LLP, where he is head of healthcare



"THE EUROPEAN COURT OF JUSTICE HAS RULED THAT IT IS LEGAL FOR PCTs TO BRIBE GPs TO PRESCRIBE CHEAPER BRANDED MEDICINES"

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our future.



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Module 1526

Therapeutic drug monitoring

The first of three articles looks at how you can set up a TDM service

60-second
summary

TDM helps patients get maximum therapeutic benefit and minimal unwanted effects from medication. This article, which is your part of your CPD, explains when TDM may be essential.

When is monitoring particularly important?

When a drug has a narrow therapeutic index, or if the patient has impaired kidney or liver function or gastrointestinal conditions leading to impaired absorption.

At what time should blood samples be taken?

When the drug is fully available in the blood, usually calculated as after five half-lives.

What can affect results?

The patient's lifestyle, concurrent medical conditions, degradation of the blood sample through poor storage. Poor patient compliance can lead to results being misinterpreted.

This article (Module 1526) can help in the following CPD objectives: G1a, G1c, G1d, G1e, G1f, G1g, G1h, G1i, G1j, G1k, G1l, G1m, G1n, G1o, G1p, G1q, G1r, G1s, G1t, G1u, G1v, G1w, G1x, G1y, G1z, G2a, G2b, G2c, G2d, G2e, G2f, G2g, G2h, G2i, G2j, G2k, G2l, G2m, G2n, G2o, G2p, G2q, G2r, G2s, G2t, G2u, G2v, G2w, G2x, G2y, G2z, G3a, G3b, G3c, G3d, G3e, G3f, G3g, G3h, G3i, G3j, G3k, G3l, G3m, G3n, G3o, G3p, G3q, G3r, G3s, G3t, G3u, G3v, G3w, G3x, G3y, G3z, G4a, G4b, G4c, G4d, G4e, G4f, G4g, G4h, G4i, G4j, G4k, G4l, G4m, G4n, G4o, G4p, G4q, G4r, G4s, G4t, G4u, G4v, G4w, G4x, G4y, G4z, G5a, G5b, G5c, G5d, G5e, G5f, G5g, G5h, G5i, G5j, G5k, G5l, G5m, G5n, G5o, G5p, G5q, G5r, G5s, G5t, G5u, G5v, G5w, G5x, G5y, G5z, G6a, G6b, G6c, G6d, G6e, G6f, G6g, G6h, G6i, G6j, G6k, G6l, G6m, G6n, G6o, G6p, G6q, G6r, G6s, G6t, G6u, G6v, G6w, G6x, G6y, G6z, G7a, G7b, G7c, G7d, G7e, G7f, G7g, G7h, G7i, G7j, G7k, G7l, G7m, G7n, G7o, G7p, G7q, G7r, G7s, G7t, G7u, G7v, G7w, G7x, G7y, G7z, G8a, G8b, G8c, G8d, G8e, 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Weight loss benefits beyond what the eye can see

alli is the only non-prescription weight loss medicine licensed throughout Europe. A new three-month study* has shown that **alli**, when used with a reduced calorie, lower-fat diet, not only significantly reduces total bodyweight but also the harmful excess visceral fat¹ that can contribute to diabetes and heart disease.²

Help customers understand the meaning of healthy weight loss. Talk to them about visceral fat and positive change with **alli**.

alli

60 mg hard capsules
orlistat

alli is for overweight adults with BMI ≥ 28 kg/m²

* Open label 3-month study in 24 individuals with BMI ≥ 28 kg/m² and increased waist circumference. Visceral fat measured at baseline and endpoint.

Product Information, alli (60 mg hard capsules, orlistat)
Indication Weight loss in adults BMI ≥ 28

Dosage Adult (18 or over) One capsule within an hour of each of three main meals. Maximum 3 capsules per day for up to 6 months. Use with lower fat, reduced calorie diet. If no weight loss within 12 weeks refer to HCP. Diet and exercise should start prior to treatment.

Contraindications Hypersensitivity to any ingredient. Concomitant treatment with oral anticoagulants, oral contraceptives, hormone replacement therapy, cyclosporin, cholestyramine, pregnancy, breastfeeding.

Special warnings and precautions Severe liver disease, gallstones, gallbladder disease, chronic diarrhoea, diabetes or epilepsy. **Caution** Put on medication for hypertension or hypercholesterolaemia. Watch for symptoms of pancreas with fat content. **Take on** Abstinence at bedtime. Avoid alcohol. **Oral** Contraceptive efficacy may be reduced if severe diarrhoea, vomiting or

vomiting occurs. **Drug interactions** See above. **Pregnancy and lactation** See above. **Side effects** See SPC. **References** 1. *Journal of Clinical Pharmacy and Therapeutics*, 2009, 34, 1-8. 2. *Journal of Clinical Pharmacy and Therapeutics*, 2009, 34, 1-8.

Legal category P **Marketing Authorisation Holder** GSK Pharmaceuticals Limited, 100 Brook Hill Drive, Wallingford, Oxford OX10 6BA, UK. **MA Number** 17174/130/0002 **Pack size and RSP (excl. VAT)** 30 capsules, £12.99. **Last revised** November 2009. **References** 1. *Journal of Clinical Pharmacy and Therapeutics*, 2009, 34, 1-8. 2. *Journal of Clinical Pharmacy and Therapeutics*, 2009, 34, 1-8.

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Have a healthy holiday



The days are getting longer, the air fresher and the travel agents busier as the countdown to summer continues.

Traditionally this has always been a very busy time of year for pharmacists. However, with so much going on, in particular with fast moving lines flying from the shelves quicker than it takes to place a towel on a free sun lounger, it's crucial that we don't lose sight of our healthcare goals throughout the summer months.

And that is to keep our patients safe in the sun and fully prepared to travel.

Our latest All About Health support materials can help here and the informative summer health section in the latest All About Health magazine will inspire and guide you through tips and advice.

We should encourage our customers to talk about their summer plans. A mother buying sun creams, travel sickness pills and bite and sting solutions looks very much like someone preparing for a family holiday abroad.

Our busy schedule may only allow us to ring the purchases through the till and restock the shelves but it can help to ask a few more questions about the holiday and destination they are heading to.

It may be that they are not prepared for a bout of 'traveller's tummy' or 'Delhi belly' and a busy parent may just have their mind put at rest after a short conversation. You may even help them compile a summer holiday checklist - allowing you the opportunity to link sell related products and gain their trust and hopefully, continued custom.

Whilst your customers are packing for their summer holidays it is of course time for we pharmacists to begin preparing for the colder weather. At the top of the agenda should be booking that flu vaccination training and judging by bookings to the **healthwatch** flu service many are already ahead of the game.

So, before you take your well-earned summer break, prepare for the pending winter months in advance.

For more information:

Email: allabouthealth@aah.co.uk
www.allabouthealth.org.uk

**AAH customers should contact their
AAH Business Manager to get involved**

All About

HEALTH

aah.co.uk

Allergic conjunctivitis?



...ask
Optrex

Contains sodium cromoglicate

What is allergic conjunctivitis?

Allergic conjunctivitis is a common symptom of hay fever. Hay fever is a common condition that affects around 20% of people in the UK.

The main allergen that causes allergic conjunctivitis is pollen. The symptoms of allergic conjunctivitis are usually present in both eyes. The eyes may feel itchy and watery, and may look pink and inflamed.

How can allergic conjunctivitis be treated?

Eye drops are an effective way of treating the symptoms of allergic conjunctivitis. Optrex Allergy Eyes eye drops both prevent and relieve the itchy, uncomfortable symptoms of allergic conjunctivitis.

Optrex Allergy Eyes eye drops:

- Contain sodium cromoglicate, which acts by preventing the release of granules that cause allergy from the mast cells. This helps to prevent the allergic reaction from taking place
- Can be used at the first sign of symptoms to prevent symptoms from getting worse
- Can be used during the high pollen season to help relieve the symptoms of allergic conjunctivitis.

Optrex Allergy Eyes should not be used for more than three consecutive months without consulting a GP.

What other advice can I give my customers?

- Try to avoid the cause of the allergy
- Wear sunglasses when outside to prevent pollen from coming into contact with the eyes
- Keep windows closed as much as possible
- Bathing the eyes with a cold flannel can help reduce itching and inflammation
- Avoid wearing contact lenses while suffering from allergic conjunctivitis.

**For more information
on eyecare and the
Optrex range,
phone 0500 455456
or visit www.optrex.co.uk**



References: 1 www.nhs.uk/conditions/hay-fever/Pages/introduction.aspx

Optrex Allergy Eyes Eye Drops: Eye drop containing Sodium Cromoglicate 2.0%w/v. **Indications:** For the relief and treatment of seasonal allergic conjunctivitis. **Dosage:** One or two drops in each eye four times a day or as indicated by the doctor. **Contraindications:** Hypersensitivity to sodium cromoglicate, benzalkonium chloride or disodium edetate. **Precautions:** Discard any remaining drops four weeks after opening the bottle. As with other ophthalmic solutions containing benzalkonium chloride, soft contact lenses should not be worn during the treatment period. **Undesirable effects:** Transient stinging and burning may occur after instillation, other symptoms of local irritation have been reported rarely. **Legal Classification:** P Licence Holder: Tubilux Pharma SpA, Pomezia, Italy. **Licence No.** PL 17918/0005 **Price:** £5.60 **Date of preparation:** April 2010

unless there were clinical reasons to do so.

There can also be differences in bioequivalence between various formulations of the same medicine. For example, if patients are switched from the oral to the IV formulation of digoxin, then the dosage should be reduced by about 33 per cent.³

Age, fitness, pregnancy, polypharmacy and other medical conditions are factors that can influence drug concentrations within the blood plasma, so it is only with TDM that an accurate drug regime can be created to fit every patient.

Pharmacokinetic principles

The pharmacokinetics of a drug treatment includes absorption, distribution via the circulatory system, metabolism of the active drug into its simpler components, and excretion.² These can lead to significant inter-patient variability: for example, patients with Crohn's disease may show poor absorption of medicines. Obese patients may deposit fat-soluble medicines such as steroids, levothyroxine and anaesthetics (eg halothane) in fatty tissues.⁴ Patients with an impaired liver or kidneys have difficulty in breaking down drugs and then eliminating them. These pharmacokinetic impairments are more significant in medicines with a narrow therapeutic index, and so plasma level monitoring is important.

Most medicines exhibit linear kinetics, in which the plasma concentration is proportional to the dose (generally, if the dose doubles, so does the plasma concentration).

However, some drugs, such as phenytoin, reach saturation metabolism within the normal therapeutic range, so that above certain concentrations elimination becomes non-linear (zero order) and proceeds at a fixed rate regardless of plasma concentration. This means that a small increase in dose can lead to a large increase in plasma concentration.

Limitations of results

The accuracy of biological tests can sometimes be limited because of poor collection techniques, handling, storage and testing of samples.

To avoid this, it is best practice to:

- use the same laboratory. Different laboratories use different sampling techniques, which can give slightly different results. It is important to have consistency between results, which allows for easy comparison over time.
- rapidly transfer the sample for assessment after collection. This reduces the risk of degradation, contamination and exposure to heat and direct sunlight.

The timing of blood samples can affect results. It is important to allow sufficient time between the administration of the medication and the collection of the sample. This allows for adequate absorption and therapeutic levels to be at steady state.

A steady state is achieved when the medicine is fully available in the blood and an equilibrium is established between input and output of the drug. This will depend on the half life ($T_{1/2}$) of the drug and is normally achieved after five half-lives – the $T_{1/2}$ is defined as the time required for half the amount of a drug to be eliminated from the body. However, if drug toxicity is suspected, it is best to take a blood specimen immediately and send for assessment.



Laboratories may use different sampling techniques, which can produce different results

The nature of the drug can influence the best times to collect the specimens for monitoring. For example, it is better to take two samples of aminoglycosides (eg gentamicin), the first at the highest therapeutic concentration or 'peak' level and the second at the lowest therapeutic concentration or 'trough' level. For anticonvulsants, blood plasma levels are better taken at trough levels, which shows the minimum dose required to prevent seizures.

Generally, peak levels are usually obtained one to two hours after taking an oral treatment, about one hour after intramuscular (IM) administration, and about 30 minutes after intravenous (IV) administration.

How to get patients on board

Poor patient compliance can lead to misinterpretation of results and subsequent inappropriate dose adjustment. Barriers to adherence can include:

- patients' lack of knowledge, which can lead to poor decision making. Giving them a basic outline of their condition and its treatment in a written format can help.
- financial constraints, which can lead to skipping doses or choosing one medicine over another for a chronic condition.
- cultural differences or language barriers. These can make instructions hard to understand. It may be difficult to convey the need for preventative therapy if the patient does not feel 'sick' and so does not feel the need to take medicines regularly. It may be beneficial to contact an interpretation service or involve younger members of the family fluent in the relevant languages.
- religious beliefs, which can form a barrier to compliance. For example, Muslim patients may not take medicines during the holy period of Ramadan.
- family dynamics can play an influential role. Compliance can be difficult when initiating lifestyle changes that do not easily fit the normal routine of a family. If there is poor family support then healthy lifestyles can be difficult to maintain. While initiating treatment, it may be easier to involve the important family members.
- hidden emotional concerns, which can get in the way of compliance. For example, some people

are frightened of potential side effects, but may not say so.

• logistics of movement (to collect medicines), which can form barriers, eg if a patient is housebound or dependent on carers.

Interpretation of results

Interpretation of results must be made in the light of adequate clinical information about the patient. For example, it is important to get renal function data in the elderly because they often have renal damage. Another issue is that medicines can accumulate in the body and signs of toxicity appear at lower doses than anticipated.

Similarly, in patients who suffer from absorption problems (eg Crohn's disease, ulcerative colitis and diverticulitis) it cannot be assumed that the full dose has been absorbed. It may also take these patients longer to reach steady state blood plasma levels.

Therapeutic ranges are derived from population studies carried out in physically fit Caucasian males. However, these ranges may not allow for easy comparison between different ethnic groups or complex medical conditions (eg pregnancy).

Finally, TDM is ineffective if a drug is metabolised into more active metabolites, because only the clinical response will show success.

Interpretation of results is a specialist activity, normally undertaken by pharmacists and biochemists. This interpretation can often form the basis for a doctor's diagnosis.

Further articles in this series will look at specific medicines for which therapeutic drug management is important in primary care.

Ravina Tasgaonkar MRPharmS is a locum community pharmacist and part-time lecturer at the University of Portsmouth.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see p21).

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NEXT WEEK

The final part of our pregnancy series covers the third trimester, including labour and childbirth

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AWARDS
2010

Therapeutic drug monitoring

Which medicines need routine monitoring? What factors should be considered when setting up a TDM service? How can the timing of a blood sample affect the results?

This article explains the basic principles of therapeutic drug monitoring and includes information on what a TDM service involves, the importance and limitations of monitoring and factors that can affect the results.

• Find out more about setting up an anticoagulant clinic from the anticoagulation.com website at <http://tinyurl.com/ybsysvj>.

• Are there any TDM clinics local to you? Find out how they were set up. Consider if there is a need for this type of service in your area and if you could provide it.

• Revise your knowledge of how absorption, metabolism and excretion affect drug action by reading two previous Update articles on Basic pharmacokinetics at <http://tinyurl.com/basic-pharma-1> and <http://tinyurl.com/basic-pharma-2>.

Are you now more confident in your knowledge of therapeutic drug monitoring? Do you know why it is carried out and what factors can affect the results? Are you familiar with what needs to be considered when setting up a TDM clinic?

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Practical Approach

Can you dispense this prescription?



As part of his training, Manu Patel, pre-registration pharmacist trainee at the Update Pharmacy (in England), keeps a log of examples of prescriptions he has found problematical with regard to dispensing or endorsing under NHS regulations. Below is a sample:

1. Received a prescription for 'Amorolfine paint 5 per cent, 3ml'. Only size listed in Drug Tariff is 5ml. Is it OK to supply and claim for that?

(There is a 3ml OTC pack of amorolfine paint 5 per cent [Curanail]).

2. Patient brought in a script for 'Epaderm 500g', written by a district nurse on an FP10P Nurse Prescriber's form. Patient said he had taken it to another pharmacy, but they refused to supply it, saying that the nurse wasn't allowed to prescribe it. Looked it up in the Nurse Prescribers' Formulary in BNF, but not listed there. Should we refuse to supply?

3. Got a script for 'Oiltum Junior emollient bath additive 500ml'. That size has been discontinued, but 250ml and 600ml are available. Should I dispense and claim for the 600ml pack, as it actually works out cheaper than 2 x 250ml?

4. Got an FP10D dentist's script for 'Amoxicillin 500mg tablets'. No such thing. Is it OK to supply capsules and endorse script accordingly?

Questions

A. What are the answers to Manu's queries?

B. Would the answers be the same if the Update Pharmacy was in Wales or Scotland?

Answers

A1. No. Legally and ethically, where a prescription specifies a pack size and that size is available it should be supplied against the prescription. Curanail 5 per cent nail lacquer is a 3ml pack and is allowed to be dispensed against an NHS prescription. Payment will actually be made for the 5ml pack, as amorolfine 5 per cent paint appears in Part VIII of the Drug Tariff as a 5ml pack, which is classified as a Special Container, and payment will be made for that.

2. No, it can be supplied. Epaderm is registered as an appliance and is listed under emollients in Part IXA of the Drug Tariff. Nurse prescribers can prescribe any appliance listed there.

3. No. The product is classified as a Special Container and the regulations require the nearest container(s) to the prescribed quantity to be supplied. So 2 x 250ml packs should be supplied, even though they cost more than 1 x 600ml.

4. No. The official reason is that dentists can only prescribe products in the Dental Practitioners'

Formulary and 'amoxicillin tablets' are not listed. In any case, although no such product exists, pharmacists are not allowed to substitute capsules, which is no doubt what the dentist intended, and the prescription must be returned to the dentist for amendment before submitting for pricing. If it is submitted without the amendment, the prescription would not be passed for payment even if the pharmacist endorsed it "capsules supplied" or similar.

B. Yes. Wales uses the same Drug Tariff as England, and for these examples the rules in the Scottish Drug Tariff are similar.

This article can help with these CPD competencies: G1h, G1j, G7c, G7d, C5a, C6a.

See <http://tinyurl.com/68ox7b>

Do you have an idea for a Practical Approach scenario or would you like to write one?

Email us at:

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CATEGORY FOCUS

Topical analgesics

Pharmacists can make the most of double digit growth in the topical analgesics market by helping patients navigate the wide range of formats, finds **Francesca Robinson**

The topical analgesics market is in double digit growth, driven by the launch of new products that increase choice for consumers and national advertising of well-known brands. The total market is worth nearly £49 million a year, figures from data analyst Kantar Worldpanel show, and is showing a year-on-year boost of 11 per cent.

And Stephanie Clayton, brand manager for LitoZin Muscle Rub, says pharmacists should be optimistic about the potential for further growth in the category. "It has been well documented that Britain's ageing population will undoubtedly lead to increased people seeking treatment for aches and pains often associated with growing older," she says.

"What's more, for those who don't want to take oral NSAIDs to treat symptoms of muscular pain and stiffness, topical analgesics offer an alternative option – an additional factor that will help bolster market growth even further," she adds.

And national advertising has been raising customer awareness of topical analgesics products available in the pharmacy, says Co-operative Pharmacy divisional services manager and pharmacist Saghir Ahmed. "We display a wide range of topical preparations in the GSL section," he adds. "This stimulates interest and offers more choice for the customer."

Boots pharmacist Angela Chalmers agrees that customers see the adverts on the TV, but adds that they often still need advice from the pharmacist. Effective questioning will help customers decide which topical analgesic is appropriate for them, she says.

Ms Chalmers adds that it is also important to give advice on how to use the different product formats in the category – in her experience, people are often unsure about the right amount to



use or the best way to apply a product. A gel, for example, she says, is most effective when massaged into the skin for 10 minutes.

Pharmacists are ideally placed to offer support and advice to patients, agrees Numark retail excellence manager Emma Charlesworth, particularly to those who are long-term users of topical analgesics. Some patients don't tend to treat the underlying condition, she explains, and signposting patients to other treatment options – such as physiotherapy, chiropractics or acupuncture – to treat long-term pain will add value to the patient's experience, rather than them simply walking away with a product.

"Recommending topical analgesics to patients who are treating pain with alternative methods may be appropriate in some cases, for example a sports injury," Ms Charlesworth says. "However, the role of the pharmacy staff is to help support patients with long-term pain relief, talk about prevention of pain and consider the other health implications.

"Offering an MUR, discussing other treatment options or providing advice on specific ailments such as arthritis would be much more valuable to both the patient and the pharmacy rather than attempting to simply increase sales within the category. In the long term this will build loyalty to your pharmacy and underlines our roles as healthcare professionals."

Five sales tips

1. "Stock a full range of both GSL and P products to give customers as much choice as possible."
Tim Nancholas, strategic insight director, Kantar Worldpanel
2. "Make sure technicians know to ask the right questions and never blind sell these products."
Saghir Ahmed, divisional services manager and pharmacist, Co-operative Pharmacy
3. "Pharmacists can make use of suppliers to help them draw up ideal shelf layouts and sign posting, and also for product training."
Spokesperson, Voltarol Pain-Eze Emulgel
4. "Consider promoting topical analgesics in the winter, when cold triggers joint and muscular aches and pain. During the summer, sales will be boosted by factors such as sporting injuries, ageing, and wear and tear."
Stephanie Clayton, brand manager, Litozin Muscle Rub
5. "Merchandise near to oral analgesics or first aid products. Signpost the category with Deep Heat, the beacon brand. Merchandise by format and ensure products are brand-blocked, as this increases the impact of beacon brands."
Emma Charlesworth, retail excellence manager, Numark

Best-selling topical analgesic brands

1. Deep Heat
2. Voltarol
3. Cura-Heat
4. Deep Freeze
5. Thermacare
6. Ibuleve
7. Nurofen
8. Deep Relief
9. Radiant B
10. Radiant B

Source: Kantar Worldpanel value sales, 52 weeks to January 24, 2010

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(Please refer to the full Summary of Product Characteristics before prescribing)
Combodart Fixed Dose Combination
0.5 mg dutasteride and 0.4 mg tamsulosin hydrochloride (hard capsules) **Uses** The treatment of moderate to severe symptoms of benign prostatic hyperplasia (BPH). Reduction in the risk of acute urinary retention (AUR) and surgery in patients with moderate to severe symptoms of BPH. Dosage and administration (Adults including elderly) The recommended dose of Combodart is one capsule (0.5 mg/0.4 mg) taken orally approximately 30 minutes after the same meal each day. The capsules should be swallowed whole and not chewed or opened. No dose adjustment is necessary in the elderly. Caution in patients with mild to moderate hepatic impairment. In patients with severe hepatic impairment, the use of Combodart is contraindicated. Where appropriate, Combodart may be used to substitute concomitant dutasteride and tamsulosin hydrochloride in existing dual therapy to simplify treatment. Where clinically appropriate, direct change from dutasteride or tamsulosin hydrochloride monotherapy to Combodart may be considered. **Contra-indications** Use in women, children and adolescents. Known hypersensitivity to dutasteride, other 5- α reductase inhibitors, tamsulosin (including tamsulosin-induced angio-oedema) or any of the excipients. Patients with a history of orthostatic hypotension. Patients with severe hepatic impairment. **Special Warnings and Precautions** Combodart should be prescribed after careful benefit/risk assessment due to the potential increased risk of adverse events and after consideration of alternative treatment options including monotherapies. In a 4-year clinical study, the incidence of cardiac failure (a composite term of reported events, primarily cardiac failure and congestive cardiac failure) was higher among subjects taking the combination of dutasteride and an alpha blocker tamsulosin, than it was among subjects not taking the combination. No causal relationship between dutasteride failure or in combination with an alpha blocker and cardiac failure has been established. Digital rectal examination, must be performed on patients with BPH prior to initiating therapy with Combodart and periodically thereafter. Women, children and adolescents must avoid contact with leaking capsules. If contact is made with leaking capsules, the contact area should be washed immediately with soap and water. Use with caution in patients with mild to moderate

hepatic impairment. Combodart decreases levels of serum prostate-specific antigen (PSA) by approximately 50% after 6 months in patients with BPH, even in the presence of prostate cancer. Therefore in patients treated for six months or more, PSA values should be doubled for comparison with normal ranges in untreated men. Any sustained increases in PSA levels while on Combodart should be carefully evaluated. The ratio of free to total PSA remains constant even under the influence of Combodart. If electing to use percent free PSA as aid to prostate cancer detection in men undergoing Combodart therapy, no adjustment to its value appears necessary. The treatment of severely visually impaired patients should be approached with caution as these patients have not been studied. As with other alpha-blockers, a reduction in blood pressure can occur during treatment with tamsulosin, as a result of which, rarely, syncope can occur. Patients beginning treatment with Combodart should be cautioned to sit or lie down at the first signs of orthostatic hypotension until the symptoms have resolved. Intraoperative floppy iris Syndrome has been observed during cataract surgery in some patients on or previously treated with tamsulosin. This may lead to increased procedural complications during the operation. The initiation of therapy with Combodart in patients for whom cataract surgery is scheduled is therefore not recommended. **Interactions** There have been no drug interaction studies for Combodart. **Dutasteride** In vitro studies. Dutasteride is mainly eliminated via metabolism by CYP3A4 and CYP3A5. Long-term combination of dutasteride with potent inhibitors of CYP3A4 (e.g. nifedipine, midazolam, nefazodone, itraconazole, ketoconazole administered orally) may increase serum concentrations of dutasteride. No effect on the pharmacokinetics of warfarin, digoxin, tamsulosin or tadalafil. **Tamsulosin** Concomitant administration of tamsulosin hydrochloride with drugs which can reduce blood pressure, including anaesthetic agents and other alpha-1 adrenergic blockers could lead to enhanced hypotensive effects. Dutasteride/tamsulosin should not be used in combination with other alpha-1 adrenergic blockers. Caution should be used when dutasteride/tamsulosin is used in combination with omeprazole. Caution should be exercised with concomitant administration of warfarin and tamsulosin hydrochloride. No interactions at the level of hepatic metabolism have been seen during in vitro studies with liver microsomal fractions, involving amitriptyline, salbutamol and glibenclamide.

Drugs However, may increase the elimination of tamsulosin. **Pregnancy and lactation** Combodart is contraindicated in women. There have been no studies to investigate the effect of Combodart on pregnancy, lactation and fertility. **Fertility** **Dutasteride** Reported to affect semen characteristics (i.e. sperm count, semen volume, and sperm motility) in healthy men. However, if combined these fertility cannot be excluded. **Tamsulosin** Effects of tamsulosin hydrochloride on sperm count or sperm function have not been evaluated. **Pregnancy** **Dutasteride** In all amounts of dutasteride have been found in semen of subjects receiving dutasteride 0.5 mg. As with all 5- α reductase inhibitors, a caution is recommended for use in patients when their partner is or may potentially become pregnant to avoid exposure to semen. **Tamsulosin** Administration of tamsulosin hydrochloride to pregnant female rats and rabbits showed no evidence of foetal harm. Lactation Not known whether dutasteride or tamsulosin are excreted in human milk. **Effects on ability to drive and use machines** No studies with this combination have been conducted on the ability to drive and use machines, large blood vessel. However, patients should be informed about the possible occurrence of symptoms related to orthostatic hypotension such as dizziness when taking Combodart. **Side effects** There have been no therapeutic clinical trials conducted with Combodart, however bioequivalence of Combodart with co-administered dutasteride and tamsulosin hydrochloride monotherapy clinical trials. Higher incidence with dutasteride than placebo groups. Impotence, altered (decreased) libido, ejaculation disorders, breast disorders including breast enlargement and/or breast tenderness. Post marketing reports - adverse reactions including rash, pruritus, urticaria, localised oedema and angioedema. **Combodart** in combination with the alpha blocker tamsulosin - A retrospective study (CombAT) Higher incidence in the combination therapy group in the first year of treatment due to higher incidence of reproductive disorders, specifically ejaculatory disorders. Other reproductive disorders: impotence, altered (decreased) libido, breast disorders (includes enlargement and/or tenderness). Dizziness. Cardiac failure. In the CombAT 4 year BPH study, the incidence of the composite term cardiac failure in the

combination group was 1.0% (vs 0.5% in monotherapy group, not statistically significant) of the two different treatment groups. **Legal category** POM. **Presentation and Basic NHS cost** Combodart 0.5 mg dutasteride and 0.4 mg tamsulosin hydrochloride (hard capsules) £19.80 per 30 x capsules. **Product licence number** 19494/0046 **Product licence holder** GlaxoSmithKline, 150, Woodley Park, West, Middlesex, UB8 3PQ.
Prescribing information See text. **Adverse events** See text.
Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.
References
1. Combodart: Summary of Product Characteristics. 2010.
2. Roehrborn CA et al. Eur J Urol 2010; 57: 123-131.
The recommended dose of Combodart is one capsule (0.5 mg/0.4 mg) taken orally approximately 30 minutes after the same meal each day. The capsule should be swallowed whole and not chewed or opened.
gsk GlaxoSmithKline

Market Insight: Topical analgesics

The topical analgesics market is purchased by only 16 per cent of the adult population; while showing year-on-year growth of 11 per cent in value, there are signs this market can continue to grow with new product innovation. Most shoppers are over 45 so a younger market could be a potential area.




The topical analgesics market has been dominated by gel products such as Ibuleve, but shoppers have a choice in the way they relieve their pain. Heated patches, such as Thermacare, and liquid applied to the forehead, such as 4Head, offer alternatives to traditional painkillers. Indeed, patches are the fastest growing subcategory with a 19 per cent rise.

Freeze and heat sprays have lost popularity as other methods of application are exploited, but Deep Heat retains the number one brand position. Voltarol, helped by advertising, has seen strong gains in market share.

Pharmacy has also seen growth in the topical analgesic market, with patches also performing well in the sector and seeing a 34 per cent rise here. Boots has seen some sales growth but has lost share to the grocery sector. Tesco and Asda have done particularly well in this market, as GSL products thrive.

Pharmacies' ability to stock a full range of topical and oral analgesics, including P products, should give the sector an advantage. However, as shoppers become used to picking up their patch or spray product in grocery, pharmacists should be wary of losing sales to their rivals.

Market changes 2009-10

Total market value
£48,818,000  **11%**

Pharmacy market value
£24,225,000  **12%**

Branded v Own label

All outlets
Branded
£41,289,000  **12%**

Own label
£7,528,000  **6%**

Pharmacy branded
£19,576,000  **11%**

Own label
£4,648,000  **21%**

Further product and subcategory share information can be found at www.chemistanddruggist.co.uk/indepth

Source: Kantar Worldpanel value sales, 52 weeks to January 24, 2010. Data and analysis provided for C+D by Kantar Worldpanel (strategic insight director, Tim Nancholas)

Case studies

SWALLOWNEST PHARMACY, SOUTH YORKSHIRE

ANDRE VUCAK

Pharmacist Andre Vucak has substantially boosted sales of Numark's own brand 5 per cent ibuprofen gel by significant discounting Mr Vucak sells the 50g tube for £2.99, well below Numark's recommended retail price of £4.49 and nearly half the price of competing brand leaders such as Ibuleve (£5.95) and Deep Relief (£4.99).

He advises: "It is worthwhile discounting because this boosts sales. When people ask for competitor products we will try and switch sell to Numark own brand. If they ask for advice we always say we are happy to recommend our own brand."

"Another reason for promoting our own brand is it encourages recognition of the Numark brand and loyalty to the pharmacy itself and we feel it is a factor in persuading customers to come back."

CO-OPERATIVE PHARMACY, WATERFORD HEALTH CENTRE

WENDY LEE

Relief manager Wendy Lee shares her tips for selling topical analgesics

"When adults come in complaining of pain, the pharmacist needs to find out whether the discomfort is due to swelling or stiffness and

give advice on the correct product.

"People come to the pharmacy rather than the GP because they have seen the products on TV and know they can get advice on the most appropriate product. But they can be overwhelmed by the variety of topical analgesics and often don't know whether to go for a heat rub or a cooling gel."

"For a sports injury, the pharmacy team can give advice on preventing further problems; for example, by having an adequate warm up. We can signpost them to other products, such as ankle or wrist supports, or supplements, like glucosamine or cod liver oil, to help keep the joints flexible."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on topical analgesics

REFLECT	Are my patients using topical analgesics appropriately?
PLAN	Review my knowledge and staff sales protocols
ACT	Read this article and update staff training if needed
EVALUATE	Do my patients get good advice on topical analgesics?

Product Watch

Cura-Heat



Manufacturer: Kobayashi Healthcare Europe

Classification: non-medicinal

For: relief of minor muscle aches and menstrual pain

Active ingredients: contains minerals which, upon exposure to air, oxidise and produce heat

What's new? Cura-Heat is the number one selling heat pack in the £13.5m patches, packs and wraps subcategory of the topical analgesics market (IRI HBA, all outlets, value sales, 52 weeks to February 20, 2010)

www.kobayashihealthcare.com.

Tel: 0209 987 9976

Pip code: see C+D Monthly Price List or www.cddata.co.uk

RRP: from £2.03

Voltarol Pain-eze Emulgel



Manufacturer: Novartis Consumer Health

Classification: GSL

For: Local symptomatic relief of pain and inflammation in trauma of tendons, ligaments, muscles and joints, eg due to sprains, bruises, and localised forms of soft tissue rheumatism

Active ingredients: 1.16% diclofenac diethylammonium

What's new? In October, Voltarol launched The Joy of Movement Guide, a consumer guide to managing body pain

Contraindications: Susceptibility to attacks of asthma, urticaria or acute rhinitis precipitated by aspirin/NSAIDs. Hypersensitivity to diclofenac, any other gel ingredient, aspirin/NSAIDs

Tel: 01403 218111

Format/pack size: gel 50g/30g

Pip code: 339-8823, 310-5194

RRP: £7.83/50g; £5.02/30g



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www.pharmacistsupport.org

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C+D & THE PDA Union

Salary Survey 2010

Salary Survey 2010

C+D reveals how your pay packet compares with those of your peers

SCOTLAND

71%

Received a pay rise

NORTHERN IRELAND

86%

Received a pay rise

WALES

71%

Received a pay rise

SOUTH WEST ENGLAND

61%

Received a pay rise

NORTH WEST ENGLAND

68%

Received a pay rise

LONDON

50%

Received a pay rise

Over 2,000 C+D readers contributed to the C+D and PDA Union Salary Survey 2010, including pharmacists, contractors and pharmacy staff. In particular, hundreds of both employed and self-employed pharmacists completed the survey, allowing us to compare your pay and perks and how you feel about them, with your colleagues across community pharmacy of the opposite sex, in other parts of the country and working for other pharmacy companies.

Thank you to everyone who took the time to contribute to this valuable resource – if you have any suggestions for how we can improve it next year, please email jennifer.richardson@ubm.com

WHAT YOU SAID

"The small rise was not commensurate with the extra skills and roles taken on"

"A 1 per cent pay rise was given grudgingly"

"I didn't get a pay rise because my store did not achieve 400 MURs"

"My pay rise was so small I hardly noticed the difference on my payslip!"

The pay rise postcode lottery

Pay rises were not uncommon for employed pharmacists last year – overall, 63 per cent said they had received one. But with employers refusing increases, blaming everything from unmet MUR targets to financial problems, the likelihood of receiving a much-coveted pay packet boost varied around the UK. Northern Ireland proved the top

place to work for rises, with over 80 per cent of respondents there receiving one.

There was also good news in Wales and Scotland, where over 70 per cent of pharmacists reported received rises. But for those working in London the outlook was bleaker, with half of pharmacists there saying they were refused any rise.



A bonus bonanza?

If you know any male pharmacists aged 36 to 60 who work for a national multiple, make sure they're first to the bar next time you meet up.

The Salary Survey shows this group picked up the biggest payouts of last year. Eighty per cent of respondents who pocketed a bonus of over £4,000 were aged between 36 and 60. Overall, male employee pharmacists commanded 72 per cent of the highest bonus sums.

Female pharmacists seemed to do better than male counterparts further down the payout scale. Women were marginally more likely to have got a bonus last year, with 51 per cent of windfalls going to female pharmacists. Women were also better off than male counterparts for bonuses paid up to £1,000, with 32 per cent getting them, compared with 28 per cent of male colleagues.

Overall, your chances of picking up a bonus were best if you worked for a multiple with over 100 stores, according to the Salary Survey. Fifty three per cent of employees from these firms had a payout last year. However, independents were a narrow second with 50 per cent of employees in small operators (one to 10 pharmacies) getting a bonus. And with the benefits of their extra resources, the largest multiples also paid out the most handsome sums. Over 44 per cent of multiple employees getting bonuses received a sum over £1,000, compared with 34 per cent of staff at stand-alone independents.

Bonuses have clearly had an effect on salary satisfaction, which rose significantly on receipt of one

SATISFIED OR MORE THAN SATISFIED WITH SALARY



DISSATISFIED WITH SALARY



The perks of the job

Of course, a bonus is nice, but it's not the only incentive on offer from employers – and our Salary Survey compared the other employment benefits being provided by pharmacy firms.

Top perk, for the third straight year, was paying employees' RPSGB fees. It will be interesting to see whether employers' generosity continues when they have to subsidise membership fees for the General Pharmaceutical Council and

Most common perks

- RPSGB fees paid
- In-store discounts
- Pensions

Most unusual perks

- Company car
- Cinema vouchers
- Money off chiropodist treatment
- Extra pay for services

Source: C+D/PDA Salary Survey 2010

professional leadership body next year.

Other perks were also largely unchanged from 2008 and 2007 results, with in-store discount the second most popular benefit and pensions third. Possibly more interesting is to look at what some of your colleagues working for other firms are getting that you're not. The list of more unusual perks includes company cars, cinema vouchers and discounted chiropodist treatments.

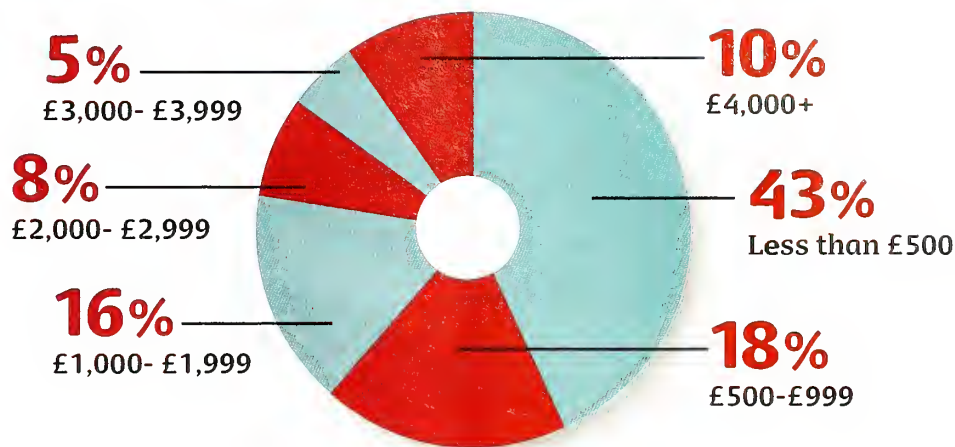
Extra pay for services

Paid incentives for providing advanced or enhanced services are the exception, the Salary Survey reveals. Nearly nine in 10 employees say they don't qualify for extras; 86 per cent of those who do are paid more for performing MURs. Morrisons, Day Lewis and the Co-operative Pharmacy are the only multiples offering service incentive schemes, according to the survey results.

Overtime pay

Overtime pay is increasingly rare, the Salary Survey shows. It was offered to 20 per cent of

HOW MUCH WAS YOUR BONUS?



That throws up the intriguing question of which national multiple paid out the most. Our survey doesn't claim to be definitive on the matter, due to the relatively low number of respondents from large chains. But with between 40 and 112 employees from each of the biggest national chains – Boots, Lloydspharmacy and the Co-operative Pharmacy – responding, we can draw a rough comparison.

And it's Boots that appears to come up trumps, according to our data, with the multiple paying out bonuses to over two thirds of those filling in our Salary Survey. Lloydspharmacy was second, with 53 per cent of respondents who worked for

the firm receiving a payout in 2009. Around 30 per cent of respondents working at the Co-operative Pharmacy picked up a bonus, though we had fewer staff filling in the survey from Co-op than Boots or Lloydspharmacy to base results on.

Boots also paid the largest bonus amounts, with 24 per cent of bonus recipients getting over £3,000. This compared with 14 per cent of Lloydspharmacy respondents and 6 per cent of Co-operative Pharmacy employees. In the interests of accuracy, we took our findings to all three of the multiples and asked if they gave a fair reflection of bonus payouts last year – see below for their responses.

What the big multiples say about bonuses

"As a pharmacist with Boots UK, you could earn up to 40 per cent discretionary bonus based upon levels of customer care, sales and company profit. The majority of our pharmacists did indeed earn a bonus for 2008-09, so C+D's findings fit with our own data."

Spokesperson, Boots UK

"Some of these figures line up reasonably well with ours. We paid out fewer bonuses in 2009 than 2008 because of the decline in the market. Bonuses are based on achieving a basket of indicators including script volumes, services and OTC sales. Our incentive scheme is designed to improve profit."

Janet McNally, head of HR, Co-operative Pharmacy

Lloydspharmacy was unable to comment as C+D went to press

employees, compared with 21 per cent in 2008. Even when available, overtime pay was limited.

No respondent had been offered more than five hours paid overtime and more than 80 per cent who got overtime cash were paid for an hour or less.

Mind the gender pay gap

Things aren't quite equal on the pay deal for men and women. The average salary for employed women pharmacists was just £35,113, with their male colleagues taking home 24 per cent more at £43,506. This was partly because more women seemed to work part-time, but looking only at full-time employees (working 31 to 50 hours a week), men still brought in 11 per cent more than women. Some men missed out on pay rises, as only 60 per cent received one, compared with 66 per cent of women, but the value of their increases – for those who received them – was just higher than that for women, at 2.6 per cent compared with 2.4 per cent.

MEN

60%
Received a pay rise

£44,679

Full-time workers' average salary

2.6%
Average pay rise

£43,506
Average salary

WOMEN

66%
Received a pay rise

£40,278

Full-time workers' average salary

2.4%
Average pay rise

£35,113
Average salary



How lucky are locums?

Locums are best-paid when working for independents or large chains, according to our survey respondents. Almost 250 locums specified their usual place of work and average hourly rate, revealing pay to be worse among smaller pharmacy chains.

There's not much in it when it comes to locums' hourly rates among the five large pharmacy multiples. Less than 50p per hour separates the average rates reported in the Salary Survey, with pharmacists locuming for Rowlands and Boots faring slightly better in terms of pay than those working regularly for Tesco or Lloydspharmacy. See right for what the companies themselves had to say about locum rates.

HOW RATES VARY BY CONTRACTOR TYPE (average standard hourly rate)

Independents	£23.35
Chain (2-10 pharmacies)	£23.06
Chain (11-20)	£23.00
Chain (21-50)	£22.89
Chain (51-100)	£23.22
Chain (101-500)	£23.26
Chain (501+)	£23.37

HOW RATES VARY BY MAJOR MULTIPLE (average standard hourly rate)

Rowlands Pharmacy	£23.58
Boots	£23.44
The Co-op Pharmacy	£23.30
Lloydspharmacy	£23.15
Tesco	£23.12

What the big multiples say about locum rates

"We can confirm that this is an accurate reflection of our average rate of pay for locums."

Spokesperson, Boots UK

"This does reflect the average rate we pay to locum pharmacists in certain parts of England and – as we would expect – this figure is in line with our competitors. However, where rates vary, this is because they are negotiated by taking into account a locum's geographical location, availability, their level of qualifications and the services they provide."

Emma Nolan, central operations manager, Co-operative Pharmacy

"We have a range of locum rates depending on location and the days worked. Our average national hourly rate is £23.59 per hour."

Spokesperson, Tesco

Rowlands Pharmacy and Lloydspharmacy were unable to comment as C+D went to press

WHAT YOU SAID

"My plumber gets paid more – I asked"

"I feel if I raised my rate I wouldn't get the full-time work I need"

Next week: More from the Salary Survey 2010 – on stress, bureaucracy and job security

C+D & THE PDA union
strength in numbers
Salary Survey 2010

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on staff development

REFLECT	As an employer, do your pay and benefits reward good practice?
PLAN	Consider how you attract and motivate staff via pay and benefits
ACT	Agree incentives with your staff to reward good practice
EVALUATE	Are your staff better motivated and do patients receive a better service?

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PHARMACISTS 2010/11**

This training programme is designed to ensure that students will meet the appropriate competencies in the RPSGB handbook, especially where they are difficult to teach in the workplace or that lend themselves to being covered in groups. It will help to make sure that students are in the best position to pass the examination at the end of the year.

Students will attend 9 full days at the College Lane campus in Hatfield, Hertfordshire over the course of their preregistration year. The students will also have full access to StudyNet which is the university's intranet site. This will enable them to read any pre-course materials and have access to our Learning Resource Centre (library).

The training days will cover the following:

- Induction
- Drug Tariff / Respiratory conditions
- Responding to symptoms
- NHS structure / New contract
- First Aid
- Management skills
- Law & Ethics
- Exam preparation
- CHD clinical day

Tutors will attend a FREE afternoon/evening session prior to the induction day. Calculations will be covered in every session from September.

Cost

£1,400 per student to include refreshments, materials and intranet access (£1300 for UH accredited sites)

For further information

Call Claire or Pam on 01530510520 or e-mail admin@camrx.co.uk

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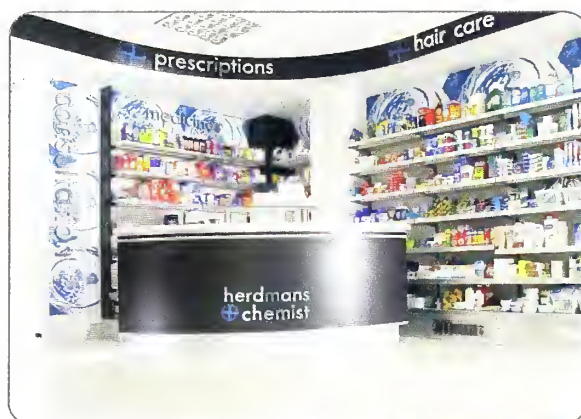
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Postscript...

A social tweet

From politics to school days, join the debate at www.twitter.com/chemistdruggist



@CandDHannah: Wondering how much a Con/Lib gov could offer health without @DrEvanHarris, @SandraGidley et al.

@GaryParagpuri: Just discovered that Superdrug's Martin Crisp was in the year above me at uni. Anyone else go to Chelsea in the late 80s?

@CandDChris: @SandraGidley thanks for comments + help over years – including Youth Parliament when I was at school back in 2000. Keep in touch.

Last week's top stories on C+D's website

1. Clinical Quiz: Scaly plaque lower back
2. Update module 1524: angina
3. NPA attacks NHS prescription processing division systems



C+D reader of the week

Meet Bernard Mweseka, of Day Lewis Pharmacy in North Woolwich, and find out how he's already hit his MUR target

What was your favourite part of university?
Wow... I'd have to think! It was learning about dispensing in pharmacy practice.

What's your favourite type of biscuit? Custard creams, or shortcake. Mostly things made of shortbread.

What's the biggest problem in pharmacy today? Too much politics, and too many politicians.

What service would you like to have commissioned? A CVD clinic, because it's a big killer. It's about going further than vascular risk assessments. People with special skills can do more.

How many MURs have you done this year? 400, I've hit my target. I do it all the time, so I hit

Award for charity star



Pharmacist Bobby Mehta has reaped rewards for his charity work after it was recognised by the Mayor of London.

Mr Mehta (pictured second from right, with James Turner, Ben Dennis and Rajan Samra), who is a pharmacy manager for Rowlands' Farnham store, was presented with a Mayor of London Award last week for starting up the charity Sunday Morning Soccer (SMS).

The charity, which holds weekly five-a-side footie events in Berkshire, was founded by Mr Mehta and pharmacy staff in 2001 to promote exercise and healthier lifestyles. Since 2008, SMS has also raised thousands of pounds for charities including the NSPCC, SOS Children's Villages and The Berkshire County Blind Society.

Mr Mehta collected his award from deputy Mayor of London Richard Barnes in Trafalgar Square as part of the Vaisakhi on the Square celebrations.

the target easily. The secret is when patients are waiting on a prescription, you can call them into the consultation room for a quick chat while your dispenser is preparing things.

What's your ideal future job? I'd like to run a PCT, be the chief executive. I'd like an inner city PCT, so it's a challenge.

What was the last DVD you watched? The one where he goes on holiday, I forgot what it's called... I haven't watched one for a while. Oh, Borat! It was a good comedy.

What should we ask the next interviewee?
What's the most annoying problem in pharmacy?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk



The Victorian Pharmacist

"The cobwebs are selected with care, cleansed, and exposed to the sun, after which they are powdered"

Sir,

In a recent examination of literature, I have observed many interesting conclusions from other countries, which I shall endeavour to share with you.

First, allow me to direct your interest to the latest device for the gentleman smoker who wishes relief from respiratory discomfort – the asthma cigarette. According to an illuminating article in the Boston Journal of Chemistry, the druggist must simply impregnate well-nitred tobacco with an alcoholic fluid extract of grindelia; let dry, and use in cigarettes. Owing to the nitre, they will continue to glow and to develop smoke.

Elsewhere, cobwebs are the coming remedy as a substitute for quinine, according to Spanish medical authorities. Dr Oliva in the Correspondent Medical summarises 119 cases of treatment by this remedy (telarana is the Spanish name for cobweb), and concludes that it will cure intermittent malarial fever, whether quotidian or tertiary. The dose is 30 grains for adults, 15 for children. It is not so immediate in its action as quinine, but more permanent, and it is tasteless. The cobwebs are selected with care, cleansed, and exposed to the sun, after which they are powdered.

A new therapy for removing that most annoying and obstinate symptom, pruritus ani, is mentioned in the New York Medical Record. Dr Steele, of Denver, has found quinia sulphate, rubbed up with only sufficient lard to hold it together, a never-failing specific in this affection. Hence, we are told, there need be no more itching about the anus, and medicine has achieved a new triumph.

The Victorian Pharmacist's comments are based around a clinical round-up in C+D's January 1883 issue. We're relieved asthma cigarettes, cobweb powder for malaria and lard for an itchy bum didn't catch on.



Springboard Pre-registration Training Programme 2010-11

Springboard is an exciting pre-registration training programme, offered in partnership by **C+D** and **Medway School of Pharmacy**.

Springboard covers all aspects of the community pharmacy experience and assists the trainee in making a smooth transition from student to professional.

The programme consists of eight in-house study days covering:

- Responding to symptoms
- Law and Ethics
- Controlled Drug regulations
- Medicines use reviews
- Drug Tariff
- Pharmaceutical calculations
- Dressings and wound management
- Monitored dose units
- Smoking cessation
- Drug misuse
- Management
- Communication skills
- First aid
- The NHS and how it works
- Influencing your PCT
- Auditing your services
- Clinical cases using the BNF
- Practice exam questions

The programme enables the student to meet the appropriate competences in the RPSGB pre-registration student handbook, and offers support to pre-reg tutors via a tutor training day and throughout the year. Students are allocated a nominated personal tutor in addition to their pre-reg tutor in the workplace.

This programme is unique in that the students have the opportunity to be accredited to provide medicines use reviews. Additionally students are able to accumulate credits by completing distance learning courses included in the programme that can be put towards a postgraduate qualification.

All eight student study days and the tutor day will be held at a central London location.

For more information on the **Springboard** course, complete the slip below and return to: Kinna McConochie, 8th Floor, Ludgate House, 245 Blackfriars Road, London SE1 9UY. Alternatively, call Kinna on 0207 921 8413 or email kinna.mcconochie@ubm.com

☐ **YES**, please send me more information on the **Springboard** pre-registration training programme

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Dulcobalance® Product Information Presentation: Dulcobalance containing 10g of macrogol 4000 in a sachet. Dulcobalance containing 10g of macrogol 4000 in a sachet. **Indication:** Symptomatic treatment of constipation in adults and children aged 8 years and above. **Dosage:** 1 to 2 sachets dissolved in water per day, preferably taken as a single dose in the morning. In children treatment should not exceed 3 months. **Contraindications:** Severe inflammatory bowel disease (e.g. ulcerative colitis, Crohn's disease), or toxic megacolon associated with symptomatic stenosis, digestive perforation or intestinal digestive perforation, ileus or suspicion of intestinal obstruction, painful abdominal syndromes of undetermined cause, hypersensitivity to macrogol or any of the excipients. **Warnings and precautions:** Patients with hereditary problems of fructose intolerance should not take Dulcobalance. In case of diarrhoea, caution should be exercised in patients who are prone to a disturbance of water electrolyte balance (e.g. the elderly, patients with impaired hepatic or renal function or patients taking diuretics).

Pregnancy and lactation: No data is available in pregnant women, therefore caution should be exercised when taking Dulcobalance during pregnancy. As macrogol is not significantly absorbed, Dulcobalance may be taken during lactation. **Adverse effects:** **Common:** abdominal distension and pain, nausea, diarrhoea. **Uncommon:** vomiting, urgency to defaecate, faecal incontinence and bloating. **Very rare:** Hypersensitivity reactions including pruritus, urticaria, rash, face oedema, Quincke oedema and an isolated case of anaphylactic shock. **Unknown:** Diarrhoea leading to electrolyte disorders (hyponatraemia, hypokalaemia) and dehydration. **RRP (ex VAT):** £4.88, 10 sachets **Legal category:** P **Product Licence Number:** PL 00015/0318 **Product Licence Holder:** Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. **Date of revision:** November 2009. **References:** 1. DiPalma JA *et al.* Overnight Efficacy of Polyethylene Glycol Laxative. *Am J Gastroenterol* 2002; **97:** 1776-9. 2. Data on file.